

TOTAL PROGRAM COST DISPLAY (FCR 12FFA)

SUBMIT ONE FOR EACH PROGRAM FOR WHICH A RATE IS REQUESTED

AGENCY NAME			PROGRAM NAME		PROGRAM NUMBER		REPORTING PERIOD	
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LINE	(1)	(2)	(3)	(4)	(5)	(6)	(7)	
	LINE ITEMS OF COST	TOTAL (SUM OF COLS. 3 THRU 6)					EXPLANATION	
			ADMINISTRATION	RECRUITMENT	TRAINING	SOCIAL WORK		
100	Administration Payroll							
101	Recruitment Payroll							
102	Training Payroll							
110	Administrative Contracts							
121	Telephone and Telegraph							
122	Postage and Freight							
123	Office Supplies							
132	Conferences, Meetings, In-Service Training							
133	Memberships, Subscriptions, Dues							
134	Printing, Publications							
135	Bonding, General Insurance							
137	Advertising							
138	Miscellaneous							
200	Building and Equipment Payroll							
211	Building Rents and Leases							
214	Acquisition Mortgage Principal & Interest							
215	Property Appraisal Fees							
216	Property Taxes							
217	Building and Equipment Insurance							

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AGENCY NAME		PROGRAM NAME		PROGRAM NUMBER		REPORTING PERIOD	
				_ _ _ _  •  _ _  •  _ _		_ _ _ _  MO YR -  _ _ _ _  MO YR	
LINE	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	LINE ITEMS OF COST	TOTAL (SUM OF COLS. 3 THRU 6)					EXPLANATION
			ADMINISTRATION	RECRUITMENT	TRAINING	SOCIAL WORK	
221	Utilities						
222	Building Maintenance						
223	Building and Equipment Contracts						
224	Building and Equipment Supplies						
225	Equipment Leases						
226	Equipment Depreciation Expense						
227	Expendable Equipment						
228	Building and Equipment Miscellaneous						
241	Vehicle Leases						
242	Vehicle Depreciation						
243	Vehicle Operating Costs						
350	Total Paid to Certified Family Homes						
332	Other Child-Related Costs, Not Provided by CFH's						
410	Social Worker Payroll or Social Worker Contract						
440	Direct Care Contracts						
500	TOTAL EXPENSES						

## FCR 12FFA, TOTAL PROGRAM COST DISPLAY

### PURPOSE:

This form displays the annual expenditures of the specific FFA program for which a rate is being requested. The costs displayed should reconcile to the provider's books of account for the same cost period.

If the provider operates more than one program (separate level of care) a separate FCR 12FFA must be completed for each program. The sum of Lines 500, Column 2 on all FCR 12FFA forms should equal the provider's total FFA budget for the cost period.

### INSTRUCTIONS:

Agency Name: Enter the name shown on the FCR 1FFA, Line 2.

Program Name: Enter the name of the program for which a rate is requested, as shown on the FCR 1FFA Line 9.

Program Number: Enter the program number, if known.

Reporting Period: Costs reported are the actual costs incurred for the reporting period. Enter the beginning and ending month and year for the period being reported (e.g., 01/90 – 12/90).

Column 1: Line items of cost: This lists specific line items of costs that might be incurred by an FFA.

Column 2: Total: Enter total program expenditures for each line item of cost that was incurred during the cost period. If a cost item is shared among two or more programs, enter only that portion spent for the specific program.

EXAMPLE: The agency office is used for two programs. Program A serves 20 children, Program B serves 10 children. If the rental cost for the office (Line item 211) is \$9,000 for the year, the cost could appropriately be allocated by entering \$6,000 on the FCR 12FFA for Program A and \$3,000 on the FCR 12FFA for Program B.

Explain in column 7 the allocation method used to arrive at this program's share of costs.

Columns 3-6: Activity: Based on percentage of use, or other appropriate allocation explained in column 7, enter the proportion of the cost in column 2 that is spent for each of these activities.

EXAMPLE: The agency car operating expenses (gas, oil, maintenance, repair) are \$4,000 for the year. It is used 50% of the time by the social worker, 20% for administrative duties, 20% by training personnel, and 10% for recruitment of new foster homes. The cost will be shown as follows:

	<u>Column 2</u>	<u>Column 3</u>	<u>Column 4</u>	<u>Column 5</u>	<u>Column 6</u>
Line 243	Total	Admin.	Recruit.	Training	Social Wk.
	\$4,000	\$800	\$400	\$800	\$2,000

Column 7: Explain how the figures in Columns 3-6 were arrived at, including the allocation bases.  
If more space is necessary, attach an additional sheet.